

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
**CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE	
Case 02-CB-268114	Date Filed 10-23-20

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT			
a. Name DC37		b. Union Representative to contact (b) (6), (b) (7)(C) Title:	
c. Address (Street, city, state, and ZIP code) 55 WATER STREET NY MANHATTAN 10004-_____		d. Tel. No. (212) 815-1020	e. Cell No.
		f. Fax No.	g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) (1)(A) _____ of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) --See additional page--			
3. Name of Employer NYC HEALTH AND HOSPITAL		4a. Tel. No.	b. Cell No.
		c. Fax No.	d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) HOSPITAL 55 WATER STREET NY MANHATTAN 10004-_____		6. Employer representative to contact Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product or service	9. Number of workers employed	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	b. Cell No. (b) (6), (b) (7)(C)
		c. Fax No.	d. e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)			
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. By (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (signature of representative or person making charge) (Print/type name and title or office, if any) Title: (b) (6), (b) (7)(C) Address _____ (date) 10/23/2020 12:21:10		Tel. No. (b) (6), (b) (7)(C) Cell No. (b) (6), (b) (7)(C) Fax No. e-Mail (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Basis of the Charge

8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

REGION 02
26 Federal Plz Ste 3614
New York, NY 10278-3699

Agency Website: www.nlr.gov
Telephone: (212)264-0300
Fax: (212)264-2450

October 27, 2020

DC37

Attn: (b) (6), (b) (7)(C)
55 Water Street
New York, NY 10004

Re: DC37 (NYC Health and Hospital)
Case 02-CB-268114

Dear (b) (6), (b) (7)(C):

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

John J. Walsh, Jr.

JOHN J. WALSH, JR.
Regional Director

cc: (b) (6), (b) (7)(C)

NYC Health and Hospital
55 Water Street
New York, NY 10004